Lung transplant recipients require multidisciplinary care because of therapeutic management complexity, such as life-long immunosuppressive therapy (I2). Clinical pharmacists are able to detect drug related problems (DRPs) and provide recommendations to physicians for improving patient care. The potential significance of pharmacists’ interventions (PIs) has never been studied by a multidimensional approach in lung transplantation (LT) (3).

Purpose: To assess the clinical, economic and organisational impacts of PIs on immunosuppressive therapy management among lung transplant outpatients.

Background and purpose

Population and methods

Retrospective analysis of PIs from 1st January 2009 to 31st December 2015
Study population: 234 lung transplant patients followed at Grenoble University Hospital
PIs impact evaluation: • Expert committee: 1 pneumologist, 1 pharmacovigilant, 1 clinical pharmacist
Tool: • CLEO + scale (4)

Results

Clinical impact

Drug-drug interactions between IS and antifungals (56.0%), supratherapeutic dosage (25.0%)
Supratherapeutic dosage (32.7%), subtherapeutic dosage (42.1%), adverse drug reaction (11.6%)
Supratherapeutic dosage (41.2%), drug monitoring (17.0%), adverse drug reaction (14.4%)
Dose adjustment without any impact
Lack of information

Economic impact

Dose decrease or drug discontinuation due to supratherapeutic dosage, adverse drug reaction, infectious disease or no indication (antibiotics)
Usual drug monitoring (32.2%), drug switch with same cost (52.2%)
Dose increase (74.9%), adding of drug monitoring (24.4%)
Lack of information

Organisational impact

No organisational impact on quality of care process from health care providers’ viewpoint

Discussion - Conclusion

To our knowledge, this is the first study assessing not only clinical, but also economic and organisational-related dimensions of PIs in LT. We used a validated tool (CLEO) to assess potential significance of PIs. Our structured pharmacist collaborative care program underlines that clinical pharmacist has a key role in lung transplant patients’ management, as 10% of his PIs have a major clinical impact. His intervention is largely relevant (94% of PIs accepted), in order to optimize immunosuppressive therapy management and improve patient care.

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CP. 109

ATC LO4

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